PREPARED BY AND RETURN TO: DAVIS LAW FIRM, PLLC 5185 Getwell Road Southaven, MS 38671 (662) 393-8542 05L-1013 3/10/06 2:45:12 BK 523 PG 59 DESOTO COUNTY, MS W-E- DAVIS, CH CLERK

QUITCLAIM DEED

JONI W. LANCASTER, EXECUTRIX OF THE ESTATE OF ELIZABETH WICKER, GRANTOR $\,$

TO:

JONI W. LANCASTER, a married person and CHARLES T. WICKER, a married person, GRANTEES

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, Joni W. Lancaster, Executrix of the Estate of Elizabeth Wicker, the undersigned Grantor does hereby sell, convey, and quitclaim unto the above Grantees, Joni W. Lancaster, a married person and Charles T. Wicker, a married person, as tenants in common, the following described real estate, located and situated in DeSoto County, Mississippi said property more particularly described as follows, to-wit:

Lot 85, Pinehurst Subdivision, Section F, located in Section 10, Township 2 South, Range 7 West, as recorded in Plat Book 47, Page 22, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Elizabeth Wicker died on May 28, 2005 in DeSoto County, Mississippi. The Last Will and Testament of Elizabeth Wicker was admitted to probate in the Chancery Court of DeSoto County, Mississippi, (Cause #05-07-1164). The Last Will and Testament of Elizabeth Wicker named Joni W. Lancaster as Executrix of said estate. A copy of the death certificate of Elizabeth Wicker is attached hereto as Exhibit "A".

THIS QUITCLAIM DEED IS BEING PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION AS NONE WAS REQUESTED. THE PROPERTY BEING CONVEYED DOES NOT CONSTITUTE THE GRANTOR'S NOR THE GRANTEES' HOMESTEAD.

This deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in Marshall County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Witness our signatures this the <u>J</u> day of <u>MARC</u>

Jori W. Lancaster, Executrix of the Estate of Elizabeth Wicker

GRANTOR

STATE OF MISSISSIPPI COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Joni Lancaster who acknowledged that she is Executrix of the Estate of Elizabeth Wicker and in said representative capacity she signed and delivered the above and foregoing instrument on the day and year therein mention and for the purposes therein expressed, after having been duly authorized so to do.

Given under my hand and seal this

NOT

My Commission Expires:

Grantor's Address: 4330 Nicholas Lane Southaven, MS 38671 (H) 662-429-4821 (W) 901-516-0808 Grantee's Address: 2084 Getwell Road Nesbit, MS 38651

(H) 662-429-4821

(W) 901-516-0808

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MISSISSIPPI STATE DEPARTMENT OF HEALTH 8K 523 PG 60 VITAL RECORDS



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for	ELIZABETH	T. WICE			28, 2005
	4. RACE (Specify White. Black, 5. American Indian, etc.) WHITE		ER 1 YEAR ONLY IF UNDER 1 5c. DAYS Sd. HOURS Se. MII	DAY 6. DATE OF BIRTH (Month, Day, Yea NS MAR 4- 1924	DESOTO
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detion of DENCE items	(Specify only highest	12 (1-4, 5+) 5+	10. MARRIED, NEVER MARRI WIDOWED, DIVORCED (Specify)WIDOWED	ED. 11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
	13. ORIGIN OR DESCENT (Specify C Altro-American, Mexican, etc.)		Y NUMBER 15a. USUAL Or most of w	CCUPATION (Kind of work done 15b. KIND orking life)	
ESIDENCE Items, actual location me rather than ig address	16a. RESIDENCE—STATE 16b. CO	UNTY 16c. CITY	OR TOWN 16d. If	NSIDE CITY LIMITS 16e. STREET AND N	IUMBER OR RURAL LOCATION INGTON AVE
ENTS	17. FATHER—NAME Fin			R-NAME FIRST SUSAN NUNN	Middle Maiden
ORMANT	19a. INFORMANT—NAME (Type or p	- 1 - 1965an 1891 - 1		and number or route and box number, City	or town, State, ZIP code)
POSITION	CHARLES T. WICK! 20a. BURIAL, CREMATION, 20b. C			R., DALLAS, TX 75218 State) 21a. EMBALMER—SIGNATUR	
	REMOVAL (Specify)	ORIAL PARK CEM.	MEMPHIS, TN	CHARLES VINS	
Kara (1941)	MEMORIAL PARK FU	NERAL HOME 522		E., MEMPHIS, TN 3811	
ONOUNCEMENT	Sherri Aust			PRONOUNCED DEAD (Month, Day, Year May 28,2005	(Hour)2:43P
RTIFIER	23a. CERTIFIER—NAME (Type or pri JEFFREY POUNDERS	nt)		et and number or route and box number. C ROAD. NESBIT. MS 286	
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issippi State d of Health . i No. 511	section SIGNATURE Detect by 1 24b. DATE SIGNED (Mon physician)	(h, Day, Year) 24c. STATE LIC	MD section to be completed by 12 medical examiner	SIGNATURE DESCRIPTION OF STREET	
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hin 90 Days or to Death?	Use if 29a. ACCIDENT, SUICIDE, I death INVESTIGATION, OR U NOT (Specify)	NDETERMINED (Mon	OF INJURY 29c. HOUR OF IN	m. Asia	
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